

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 329771

FILED
Feb 21, 2011
Secretary of State

Entity Name: O A DENTAL LAB, INC.

Current Principal Place of Business:

3170 SIXMA RD., BOX 190
LAKE HELEN, FL 32744

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 190
LAKE HELEN, FL 32744

New Mailing Address:

FEI Number: 59-1207386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUNZIG, DIANA J
P. O. BOX 190
LAKE HELEN, FL 32744 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: KUNZIG, DONALD M
Address: 3170 SIXMA RD.
City-St-Zip: LAKE HELEN, FL 32744

Title: SVD
Name: KUNZIG, DIANA J
Address: 3170 SIXMA RD.
City-St-Zip: LAKE HELEN, FL 32744

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DIANA J KUNZIG

VP

02/21/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date